



# Oncology Issues

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## Oops!

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## The Association of Community Cancer Centers

**FACT** More than 500 medical centers, hospitals, and cancer clinics across the U.S. are ACCC members. This group treats 40 percent of all new cancer patients seen in the U.S. each year. ACCC members also include more than 300 individual members and 14 state oncology society chapters.

**FACT** Only ACCC represents the entire interdisciplinary team caring for oncology patients, including medical, radiation, & surgical oncologists, oncology nurses, cancer program administrators, oncology social workers, pharmacists, and cancer registrars.

**FACT** ACCC is committed to federal and state efforts to pass legislation that ensures access to off-label uses of FDA-approved drugs and clinical trials for cancer patients, appropriate reimbursement to physicians for drugs administered to Medicare patients, and other patient advocacy issues.

**FACT** ACCC provides information about approaches for the effective management, delivery, and financing of comprehensive cancer care through its national meetings, regional symposia, and publication of oncology patient management guidelines, standards for cancer programs, critical pathways, oncology-related drugs and indications, and *Oncology Issues*.

**FACT** Membership in ACCC will help my organization/me better serve patients and will foster my professional development.

Please send membership information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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Return to ACCC, 11600 Nebel St., Suite 201, Rockville MD 20852-2557/Fax: 301-770-1949.



## FROM THE EDITOR

### Oops!

by Lee E. Mortenson, D.P.A.

**O**ccasionally I tell a story about a wild trip I once took down Cleveland's main drag with a young driver who, when a car pulled out right in front of him from a blind alley, simply reacted with "Oops!" Great, I thought, "oops" will be the last word I'll ever hear!

At a recent meeting, Congressman Bill Thomas (R-Calif.) told Dr. Joseph Bailes (ASCO's president-elect) and I that he had not heard about the problem with radiation oncology and the practice expense regulations. Nor was he aware of potential problems with chemotherapy and supportive care drugs in the Ambulatory Payment Classification (APC) system. Don't get me wrong—Rep. Thomas is knowledgeable about HCFA, Medicare, and the APC system. Over the past year, Rep. Thomas and Congressman Bill Archer (R-Tex.) have been key champions of access to care issues for patients with cancer. Rep. Thomas expressed genuine concern about assuring that chemotherapy and radiation oncology are not shut down. Mr. Thomas' support, along with other key members of Congress, will be vital in getting ourselves out of this mess.

The more we analyze HCFA's latest suggestions, the more we realize their impact on cancer care. Let's take radiation oncology, for example. The American Society for Therapeutic Radiology and Oncology (ASTRO) and ASCO are focusing their analyses on the methodologies that led HCFA to recommend a 24 percent cut in technical fees and an 8 percent reduction in professional fees. There appears to be a number of relatively clear-cut errors arising

out of the simple fact that HCFA used an incredibly small sample of radiation oncologists and medical oncologists from the AMA database to make its determinations of increases and decreases.

My inclination is to consider the impact of a 24 percent cut in our real world. I asked the consulting staff at ELM Services, Inc., to use its database of fifty or so radiation oncology centers' *pro forma* and mock-up a typical radiation oncology center and run the numbers. I asked if they could start with a center seeing about seventeen patients a day, since Dr. Chris Rose, president of ASTRO and an ACCC member, reminded me that about 25 percent of all U.S. radiation oncology centers see that number or less.

Guess what? At seventeen patients per day, your radiation oncology center closes right away. Next, I asked about centers that see twenty, twenty-five, thirty, and thirty-five patients. The analyses all came back the same. The returns on investment are so bad that no physician, hospital, banker, or investor in his or her right mind would give these centers money to start-up or even replace equipment!

Now, I know that the folks at HCFA aren't thinking this way. They don't build or invest in radiation oncology centers. How would they know that what they consider a statistically insignificant sampling problem will close down at least half the radiation oncology centers in the country? Similarly, they probably have no way of knowing that last year the new drugs that hit the market blew hospital pharmaceutical budgets off the wall. New technology costs aren't part of the equation.

Oops! ☹